

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10616386
APPLICANT(S) _____

FILED DATE _____

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
IND	DEP	IND	DEP	IND	DEP	
1	1					
2	1					
3	2					
4	2					
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TOTAL IND.	19					
TOTAL DEP.	20					
TOTAL CLAIMS						

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